

FROM :

FAX NO. : 945 7864

Nov. 16 2005 12:52PM P5

**DR. MICHAEL K.Y. CHUN**

Podiatric Medicine and Surgery

**HISTORY AND PHYSICAL FORM**

Patient: Linda Seligson Age: 53 Sex: ☐ Male ☒ Female Date: 7/3/00  
 P Marital Status: M Occupation: Prop Tech Em  
 Daily Activities: Family/Living Situation: \_\_\_\_\_ Recreation: \_\_\_\_\_ Shoe Types: \_\_\_\_\_

**PAST MEDICAL HISTORY**CHILDHOOD DISEASES: ☐ Rheumatic Fever ☐ Polio ☐ Congenital Heart Dz ☐ Other \_\_\_\_\_ADULT DISEASES: ☐ HTN ☐ CVA ☐ Arthritis ☐ Leg Cramps ☐ T.B. ☐ CA ☐ Mental Illness  
☐ DM ☐ Heart Dz/MI/Angina ☐ Ulcers ☐ Anemia ☐ Kidney Dz ☐ Headaches ☐ Low Back PainALLERGIES: ☐ Penicillin ☐ Other Antibx ☐ Local Anesthetics ☒ Codeine ☐ Tapes ☐ Foods  
☐ Sulfa ☐ Medications ☐ ASA ☐ Iodine ☐ Soaps ☐ Other \_\_\_\_\_

Medications: \_\_\_\_\_

Past Hospitalizations/Surgeries: \_\_\_\_\_

Injuries: \_\_\_\_\_

Prosthetic Devices: \_\_\_\_\_

Blood Transfusions - Date/Rx: \_\_\_\_\_

Immunizations-Update Booster: \_\_\_\_\_

Pregnancies: \_\_\_\_\_

**SOCIAL HISTORY**

Tobacco: \_\_\_\_\_ Yrs. \_\_\_\_\_ ppd. \_\_\_\_\_ ETOH \_\_\_\_\_ Recreational: \_\_\_\_\_

**REVIEW OF SYSTEMS**

<input type="checkbox"/> Recent Wt. Change	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Polyuria	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Syncope
<input type="checkbox"/> NVD	<input type="checkbox"/> Jaundice	<input type="checkbox"/> TB	<input type="checkbox"/> Polydipsia	<input type="checkbox"/> Thyroid Dz	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Hx GI Bleeding	<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney Dz	<input type="checkbox"/> Polyphagia	<input type="checkbox"/> Bleed Disor/Anemia	<input type="checkbox"/> Seizures
<input type="checkbox"/> Color of Stools	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Gout	<input type="checkbox"/> DVT	<input type="checkbox"/> VD/STD/AIDS

**MUSCULOSKELETAL:  
DIGITAL DEFORMITIES**

Hammer toes: ☐ R ☐ SR ☐ NR  
 Claw toes: ☐ R ☐ SR ☐ NR  
 illet toes: ☐ R ☐ SR ☐ NR  
 Abductorvarus 5th: ☐ R ☐ SR ☐ NR

LEFT

☐ R ☐ SR ☐ NR  
☐ R ☐ SR ☐ NR  
☐ R ☐ SR ☐ NR  
☐ R ☐ SR ☐ NR

**MET DEFORMITIES:****BUNION DEFORMITIES**

1st Ray ROM: D-flex= \_\_\_\_\_ cm P-flex= \_\_\_\_\_ cm  
 Manual Reduction: \_\_\_\_\_  
 1st MPJ ROM: D-flex= \_\_\_\_\_ ° P-flex= \_\_\_\_\_ ° Rest= \_\_\_\_\_ °  
 1st MPJ Pain: ☐ Palpation ☐ ROM ☐ Crepitus  
 Sesamoid Pain: ☐ Yes ☐ No  
 Axial Deformity: ☐ Tracking ☐ Trackbound  
 Plane Deformity: ☐ HA vs ☐ HAV  
 Hallux Abument: ☐ Yes ☐ No  
 Bunion Location: \_\_\_\_\_ ☐ Erythema ☐ Bursa  
 EHL Contracture: ☐ Yes ☐ No  
 WB Progress Deform: ☐ Incre IM/EHL/hallux ☐ No Change  
 RCSP --> NCSP: ☐ Increase MPJ Rom ☐ No Change

D-flex= \_\_\_\_\_ cm P-flex= \_\_\_\_\_ cm

D-flex= \_\_\_\_\_ ° P-flex= \_\_\_\_\_ ° Rest= \_\_\_\_\_ °

☐ Palpation ☐ ROM ☐ Crepitus☐ Yes ☐ No☐ Tracking ☐ Trackbound☐ HA vs ☐ HAV☐ Yes ☐ No☐ Erythema ☐ Bursa☐ Yes ☐ No☐ Incre IM/EHL/hallux ☐ No Change☐ Increase MPJ Rom ☐ No Change**BIOMECHANICAL**

Hip Flexed: Int= \_\_\_\_\_ ° Ext= \_\_\_\_\_ ° N.P.= \_\_\_\_\_ °  
 Hip Extended: Int= \_\_\_\_\_ ° Ext= \_\_\_\_\_ ° N.P.= \_\_\_\_\_ °  
 Malleolar Position: Int= \_\_\_\_\_ ° Ext= \_\_\_\_\_ °  
 AJ - Knee Ext: D-flex= \_\_\_\_\_ ° P-flex= \_\_\_\_\_ °  
 AJ - Knee Flex: D-flex= \_\_\_\_\_ ° P-flex= \_\_\_\_\_ °  
 STJ: Sup= \_\_\_\_\_ ° Pron= \_\_\_\_\_ ° N.P.= \_\_\_\_\_ °  
 MTJ: Varus= \_\_\_\_\_ ° Valgus= \_\_\_\_\_ °  
 Angle & Base Gait: \_\_\_\_\_  
 RCSP: ☐ Everted \_\_\_\_\_ ☐ Inverted \_\_\_\_\_  
 NCSP: ☐ Everted \_\_\_\_\_ ☐ Inverted \_\_\_\_\_  
 Tibial Frontal Plane: ☐ Varum \_\_\_\_\_ ☐ Valgum \_\_\_\_\_  
 JLD: \_\_\_\_\_

Int= \_\_\_\_\_ ° Ext= \_\_\_\_\_ ° N.P.= \_\_\_\_\_ °

Int= \_\_\_\_\_ ° Ext= \_\_\_\_\_ ° N.P.= \_\_\_\_\_ °

Int= \_\_\_\_\_ ° Ext= \_\_\_\_\_ °

D-flex= \_\_\_\_\_ ° P-flex= \_\_\_\_\_ °

D-flex= \_\_\_\_\_ ° P-flex= \_\_\_\_\_ °

Sup= \_\_\_\_\_ ° Pron= \_\_\_\_\_ ° N.P.= \_\_\_\_\_ °

Varus= \_\_\_\_\_ ° Valgus= \_\_\_\_\_ °

☐ Everted \_\_\_\_\_ ☐ Inverted \_\_\_\_\_☐ Everted \_\_\_\_\_ ☐ Inverted \_\_\_\_\_☐ Varum \_\_\_\_\_ ☐ Valgum \_\_\_\_\_**GAIT EVALUATION**

Heel Contact: ☐ Inv ☐ Ever ☐ Pron ☐ Exc Shock  
 Mid Stance: ☐ Inv ☐ Ever ☐ Pron ☐ Sup ☐ Early HO  
 Heel Off: ☐ Adb Twist ☐ Pronated ☐ Supinated  
 Toe Off: ☐ Appropulsive \_\_\_\_\_

☐ Inv ☐ Ever ☐ Pron ☐ Exc Shock  
☐ Inv ☐ Ever ☐ Pron ☐ Sup ☐ Early HO  
☐ Adb Twist ☐ Pronated ☐ Supinated  
☐ Appropulsive \_\_\_\_\_

**EXHIBIT 9**



Sethya, Linda 4/3/06

2/10

## X-RAY FINDINGS:

Soft Tissue

Cartilage

IM =

Br

HA =

Alignment

PASA =

MA =

TSP =

irregular contour of foot  
Lateral view

## IMPRESSIONS:

1) Subcut heel pain → Rto Pto / Lto Rto  
 2) Subcut heel pain → Rto Pto / Lto Rto  
 3) Subcut heel pain → Rto Pto / Lto Rto

## PLAN:

Electrical nail debridement 1 - 5	Nail Matrixectomy
Electrical nail debridement 1 - 10	Medial
Simple debridement w/ curettage of keratomas x ____ lesions	Lateral
Commodative padding	Total
Cortisone Injection	Local Anesthesia
Stretching and strengthening regimen	1% Lidocaine Plain
Low dye strapping	.5% Marcaine Plain
Consider Orthoses	1% Lidocaine with Epinephrine
Prefab Orthoses - Size ____	Cryosurgical x ____ lesions
Modification of shoes	Local wound care regimen prescribed
Diabetic Foot Education	Written Post-op Instructions given
Diabetic Written Materials	

PITY

**HISTORY OF PRESENT ILLNESS**

Chief Complaint Th Pain  
 Location (R) ft  
 Quality of Pain tender  
 Onset/Duration 12/99  
 Alleviated By Q  
 Aggravated By w/ direct pressure  
 Associated Manifestation blister - occas. tender  
 Previous Tx: Physician Q Michael  
 Self antibiotics (Cyst. antibiotic)

*Selwyn, Linda 1/3/01 (3/10)*  
*Started when she was using massager & rubbing pants.*

**LOWER EXTREMITY EXAM**

VITALS: B.P. \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ reg/irreg Respirations \_\_\_\_\_ Temp \_\_\_\_\_

**VASCULAR: RIGHT LEFT**

Femoral \_\_\_\_\_  
 Popliteal \_\_\_\_\_  
 DP 3/4  
 PT 3/4  
 SPVPFT \_\_\_\_\_

Pallor Elev. \_\_\_\_\_ Telang \_\_\_\_\_  
 Depend Rubor \_\_\_\_\_ Varicosities \_\_\_\_\_  
 Temperature \_\_\_\_\_ Petechiae \_\_\_\_\_  
 Cyanosis \_\_\_\_\_ Edema \_\_\_\_\_

**NEURO: RIGHT LEFT**

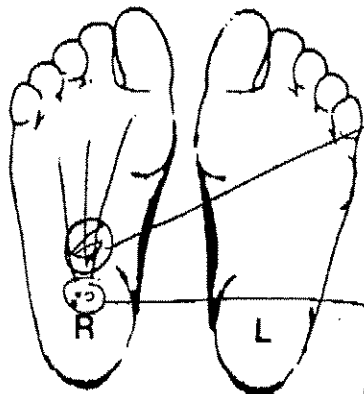
Vibratory \_\_\_\_\_  
 Sharp/Dull \_\_\_\_\_  
 Light Touch \_\_\_\_\_  
 Proprio \_\_\_\_\_  
 DTR - Ach/Pat \_\_\_\_\_  
 Protective Thres \_\_\_\_\_

**MUSCULAR TESTING (All Grps WNL w/foll excep)**

Tip the foot & crutch

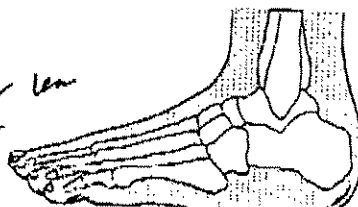
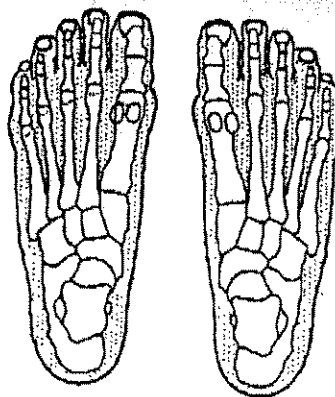
**DERMATOLOGICAL:**

Nails \_\_\_\_\_  
 Hair Distribution \_\_\_\_\_  
 Hydration \_\_\_\_\_  
 Color/Pigment \_\_\_\_\_



*Finger 2-10  
on the side  
in the*

*Vascular lesion  
local cystic  
in the*



Nov. 16 2005 12:48PM P3

FRX NO. : 945 7864

FROM :



NAME: SEKIYA, LINDA D  
BD: 09/27/1946  
MR #: 15-86-81  
ACCOUNT #: 410378707  
PHYSICIAN: MICHAEL CHUN DPM  
LOCATION: OP

4/10

**KAPIOLANI MEDICAL CENTER**  
at Pali Momi

98-1079 MOANALUA ROAD, AIEA, HI 96701  
TEL: (808) 485-4223 FAX: (808) 485-4233

**Imaging Department**

12/06/2000

NM BONE SCAN MULTIPLE

**REASON FOR EXAM:** RIGHT HEEL PAIN, RULE OUT FRACTURE

**RESULT:** Images of the feet were obtained in multiple projections 3 hours following the intravenous injection of 25 mCi Tc-99m methylene diphosphonate. No focal increase in activity is seen at the right heel or calcaneus. In fact, it may appear slightly photopenic when compared to the left calcaneus. No other significant bony abnormalities are seen.

**IMPRESSION:**

- 1) No evidence for acute fracture involving the right calcaneus.
- 2) Slightly asymmetric uptake is noted in the heels with perhaps decreased uptake in the right calcaneus when compared to the left. This is of uncertain clinical significance.

**Michael C. Ling, M.D.**  
(interpreting physician)

**Michael C. Ling, M.D.**  
(signing physician)

Date Dictated: 12/06/2000  
Date Transcribed: 12/06/00 by JCK

*we*

**MICHAEL CHUN DPM**  
98-1078 MOANAULA RD 400  
AIEA, HI 96701



5/11

Rx. Celebrex 200mg #30 + po BID w/ 13x Samples 4/11

LINDA D SEKIYA (7361)

01/10/2000

- S: F/U fasciitis/sub calcaneal bursitis with skin changes - right foot. S/P conservative care and relates 75% better. Relates no side effect of GI upset. Pt has not bought shoes, using an OTC arch, icing and is doing their stretching exercises.
- O: Palpable tenderness minimal to the fascial insertion. Hubscher manuever negative. Ankle ROM as previously noted.
- X-Rays were deferred.
- A: Fasciitis/sub calcaneal bursitis with skin changes - right foot.
- P: 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.  
2) Celebrex 200mg X #30 tabs X no refills. D/C if GI upset/allergic response and call ASAP.  
3) Defer Injection  
4) RTC 4 wks for a re-check.

h

JAN 1 2000

LINDA D SEKIYA (7361)

01/24/2000

- S: F/U fasciitis/sub calcaneal bursitis with skin changes - right foot. S/P conservative care and sxs are much improved - she is still using the crutches.
- O: Palpable tenderness minimal to none to the fascial insertion. Hubscher manuever negative. Ankle ROM as previously noted.
- X-Rays were deferred.
- A: Fasciitis/sub calcaneal bursitis with skin changes - right foot.
- P: 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.  
2) Celebrex 200mg X #30 tabs X no refills. D/C if GI upset/allergic response and call ASAP.  
3) RTC PRN

h

1/24/00 Pt asked if she can get a revised doctors note dated 1/10/2000 Mail to her home

Rx. Celebrex 200mg #30 D/C 1refill

LINDA D SEKIYA (7361)

02/09/2000

- S: F/U fasciitis/sub calcaneal bursitis with skin changes - right foot. She is doing better - wanted to come back to check on how much she is to use her foot.
- O: As previously noted: Palpable tenderness minimal to none to the fascial insertion. Hubscher manuever negative. Ankle ROM as previously noted.
- X-Rays were deferred.
- A: Fasciitis/sub calcaneal bursitis with skin changes - right foot.
- P: 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.  
2) Celebrex 200mg X #30 tabs X no refills. D/C if GI upset/allergic response and call ASAP.  
3) RTC PRN. She is able to bear 75-100% weight on her foot.

h